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Journal of Quality in Health care & Economics
ISSN: 2642-6250

Coronavirus, Inequality and Indifference

Arruda DP*

Federal University of Sao Paulo (UNIFESP), Brazil

***Corresponding author:** Daniel Pericles Arruda, Federal University of Sao Paulo (UNIFESP), Brazil, Email: pericles.daniel@unifesp.br

Editorial

Volume 3 Issue 2

Received Date: April 23, 2020

Published Date: April 25, 2020

DOI: 10.23880/jqhe-16000161

Editorial

The purpose of this text is to present some information and questions to reflect on the current coronavirus pandemic. The intention is not to exhaust the topic or propose answers to the current situation – I would not be able to do that-but to suggest some ideas for discussion, considering the time and place in which this text is prepared. I am writing from Brazil and seeing what is happening in other countries, during this pandemic. Many facts will still emerge, before its publication, as well as after, but these do not invalidate this contribution.

Before this coronavirus pandemic, humanity had faced several pandemics, for example, between 1347 and 1351 a devastating infection caused by the bacterium *Yersinia Pestis* spread through fleas and contaminated rats. Known as the Bubonic Plague, Black Death, or just The Plague, it exterminated an estimated third to half of the European population.

In the 20th century, in 1918, the Influenza virus killed approximately 50 million people, worldwide. At the time, the flu received different names in the various countries it reached but was most widely known as the Spanish Flu. Although it did not start in the Spanish territory, the disease probably received this name because in Spain, which did not participate in World War I (1914-1918), the free press remained active and openly communicated information about the flu, which was quickly dubbed with its name. Nevertheless, controversies remain about its origin. The evidence indicates that it first appeared in the United States of America (USA), [1].

Discovering the origin and the mode of transmission of a virus can be challenging; however, this is valuable information to create methods to fight it, such as the development and distribution of vaccines. Sensitive and important data is also the naming of a virus, or pandemic, because using the names of countries, territories, or ethnic-racial characteristics can lead to prejudice and stimulate stigmatization processes. Therefore, such a practice must be avoided.

The most recent pandemic occurred in the 21st century, from April 2009 to August 2010, was swine flu (H1N1). According to official data, it may have killed around 18,500 people. However, Dawood, et al. [2] estimated that, just in the first 12 months of virus circulation, the number of deaths could have been up to 15 times higher than the total reported.

At present, the world is overtaken by another pandemic, caused by a coronavirus. This is the name of the virus family and based on their observed differences and mutations from Severe Acute Respiratory Syndrome (Sars), which arose in China in 2002, and the Middle East Respiratory Syndrome (Mers), which occurred in Middle East in 2012. The new coronavirus, on the other hand, has the official name of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), and Coronavirus Disease 2019 (COVID-19) is the official name of the disease caused by the virus.

The first registration, at the end of 2019, occurred in Wuhan, a city with 11 million inhabitants, which is the capital of Hubei province, located in China. Scientists speculate that a probable contamination source of the coronavirus occurred in an animal market in Wuhan. This market also sells pangolin (mammalian animal), which is a possible intermediary between a bat and human that could have contributed to the transmission of the virus.

As of April 21, 2020, the Coronavirus Map (COVID-19)-which updates the data in real time – indicates that 2,500,156 people have already been contaminated, with 659,732 recovered and 171,810 deaths. In order, the countries with the most infections at the moment are USA, Spain, Italy, Germany, United Kingdom, France, Turkey, Iran, China, and Russia. This data probably does not exactly reflect the reality, because many countries do not have enough professionals or the necessary materials to conduct the testing and accurate

analysis of the relationship between the symptoms and the cause of death.

This preliminary information is relevant to think about the impact of coronavirus on life as a whole. The debate about the pandemic involves not only healthcare and the scientific field, but also includes political and the economy interests and arguments [3].

This moment is certainly serious, delicate, and uncertain because the virus spreads rapidly and no vaccine exists yet to fight it directly. However, in both Brazil and the USA, there is speculation about the use of chloroquine, or hydroxychloroquine-a medication prescribed to treat arthritis, malaria, and lupus -which has been defended by the presidents of their respective countries, as a way to treat COVID-19. The issue is controversial, because to date, no scientific research has proven such a conviction.

Pandemics start limited and pass through levels of acceleration and growth, like a snowball, whose rolling movement gains strength until it becomes an immense avalanche.

Remember the Chinese ophthalmologist Li Wenliang, et al. who tried to alert other doctors of a possible outbreak, but he was ignored and even summoned by the police and forced to sign a term of reprimand for disturbing the social order. The doctor became infected and died at the age of 34, due to COVID-19.

The belief is that the more quickly a pandemic appears and the more efficient and effective State actions are, the less harm humanity will suffer. For example, Portugal, in addition to the geographic issue, anticipated prevention and control actions. In contemporary times, even with all our scientific and technological resources, pandemics have spread further, representing something new for humanity, with devastating effects that reveal and enhance inequalities:

The outbreak has instantly exposed the stark class divide in American healthcare. Those with good health plans who can also work or teach from home are comfortably isolated provided they follow prudent safeguards. Public employees and other groups of unionized workers with decent coverage will have to make difficult choices between income and protection. Meanwhile, millions of low-wage service workers, farm employees, the unemployed and the homeless are being thrown to the wolves [4].

At the beginning of the pandemic, some politicians initially ignored the recommendation of social isolation and ended up exposing people to contamination. For example, Giuseppe Sala, the mayor of Milan, Italy, defended the idea that it was unnecessary to stay at home, even supporting the "Milan Doesn't Stop" campaign. The Swedish Prime Minister, Stefan Löfven, acknowledged that the measures taken were not sufficient, as, unlike in neighboring countries, he refused to adopt more severe social isolation measures. The US President, Donald Trump, at the beginning of the pandemic, compared the disease to a "common flu." The President of Brazil, Bolsonaro J, et al. referred to COVID-19 as "little flu or baby cold." However, currently, Brazil has registered 40,814 confirmed cases, 22,991 recovered and 2,588 deaths, with the forecast that these numbers will increase, due to the evolution of the virus.

Many more people may have contracted the virus; however, because they do not develop the symptoms of the disease, they do not know that they are infected and, thus, run the risk of accidently contaminating other people. On the other hand, many are fighting for their lives in hospitals. At the beginning of the pandemic, the fact that the virus is most deadly for the elderly may have imparted the impression that children and young people would not need to be as careful. However, after reports of infection and death of young patients, the mistake was realized. The pandemic is aimed at humanity, but the virus does not affect everyone the same, as it depends on biological, political, economic, cultural, and subjective conditions, actions, and responses.

In the USA, the coronavirus has disproportionately victimized the African-American population, which has been showing higher rates of death and contamination than the white population. There is no public health system in that country, and many avoid going to the doctor, due to the high costs. Brazil has National Unified Health System (SUS) with integrated, comprehensive, equal, and free access, which does not mean that everything is under control. In recent years, this system experienced destabilization and deterioration that sickened and devalued its professionals. Regarding the ethnic-racial aspect, the coronavirus is also more lethal among the black population. As transmission does not depend on aspects related to race/color, the discussion focuses on social and racial inequalities, which are structural in these two countries, as well as the way health is treated, both in the public and private sector.

In Brazil, the total population is approximately 211 million inhabitants (according to the Brazilian Institute of Geography and Statistics - IBGE), and 13.6 million live in slums (according to the Data Favela and Locomotiva institutes). Many of these regions are neglected by the public authorities, for this reason, their residents and workers experience numerous problematic situations, such as precarious basic sanitation. In relation to work/income, many are unemployed, which has increased due to the pandemic as people have been released from their posts.

Others continue to work informally and/or remain working without protective conditions. They endure long commutes from home to their workplace, end up sleeping little and eating inappropriately; thus, they may have developed other diseases that make them more vulnerable to coronavirus. It is not just a generalization, but aspects that must be observed. In Brazil, therefore, it is necessary to look at the situation beyond the age aspect, and consider other areas, such as social, racial, and gender. Thus, a context that is more favorable to the apprehension and critical reading of these data and indications is necessary.

On the one hand, Pandemics foster the creation of networks of solidarity, protection, care, and creativity. On the other hand, they are more deadly than wars. They can usually change ways of life; alter sociability and behavior; cause cultural, psychological, and psychological impacts; affect ethnic-racial and gender relations; and foment and produce other violence. They can leave lives meaningless and dead bodies left out in open, as is the case in Ecuador, where the bodies of some people slain by the virus were abandoned in their homes and on the streets, many already in a state of decomposition, due to the lack of resources for burial.

Moreover, they crush people's dignities; deepen the process of subjection; intensify social inequalities. They do not choose social class, but they intensely strike the peripheral regions and the poorest population; and make others even more vulnerable. The pandemic exposes to the world our indifference in recognizing others; the way we deal with the unknown; demonstrations our limitation; and may even reach some foundations of capitalist societies, even considering that in these difficult and painful times, some profit from the overpricing of Personal Protective Equipment (PPE), food, cooking gas, and other essential commodities.

It is a little easier to make recommendations for those who materially have the means to follow them, such as asking or obliging people to stay at home and not agglomerate. However, such recommendations present questions: How can we ask people to stay at home, if they have no home, or if they do not have adequate means to protect themselves? How do we tell people that live in crowded conditions to avoid crowds? How can we talk about isolation, for those who live socially isolated? How can we discuss social distancing, for those who are negatively affected by social inequality?

These are some questions to contemplate about the current pandemic and its relationship with the inequalities and indifference that have increased and those that emerge due to the expansion of the coronavirus around the world. Such political neglect produces further invisibility for certain people, and disregards of the living conditions of many, who are left to their own devices or death. The birth of another world, therefore, does not mean that whoever survives will live better.

References

1. Crosby, Alfred W (1989) America's forgotten pandemic*:* the influenza of 1918. Cambridge: Cambridge University Press, USA.

2. Dawood FS, Luliano AD, Reed C, Meltzar MI, Shay Dk, et al. (2012) Estimated global mortality associated with the first 12 months of 2009 pandemic influenza A H1N1 virus circulation: a modelling study. The Lancet Infectious Diseases 12(9): 687-695.

3. Giorgio A (2020) Sopa de Wuhan: pensamiento contemporáneo en tiempo de pandemias. Aislamiento Social Preventivo y Obligatorio (Aspo).

4. Mike D (2020) Coronavírus e a luta de classes. Terra sem Amos: Brasil.